MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-B)

12798

CERTIFICATE OF DEATH

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Kent
City or town: Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Bertha Idora Aul

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem.	Wh.	Married

6 (b) Name of husband or wife: Milton Aul
6(c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): Nov 24 1896

8. AGE: Years: 44 | Months: 1 | Days: 7 | If less than one day: hrs. min.

9. Birthplace: Brunswick, Md
(Town, county, and state)

10. Usual occupation: housework

11. Industry or business: own home

FATHER
12. Name: Charles Shelton
13. Birthplace: Brunswick, Md

MOTHER
14. Maiden name: Effie ?
15. Birthplace: not known

16. Informant: Husband
Address: Rock Hall

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 2 1941 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: St Johns - Rock Hall.

18. Funeral director: Wm. H. Gordy
Address: Church Hill Md

19 Jan. 2 1941 (Date rec'd by registrar) Mrs. T. B. Dowding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 31 1940, at 5:00 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 9 1938, to Dec 31 1940, and that I last saw her alive on Dec 31 1940.

Immediate cause of death	DURATION
Carinoma of uterus	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Ca uteri
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE: Albert A. Burgard M. D. (M. D. or other)
Address: Rock Hall, Md Date signed 12/31/40

RECEIVED
FEB 3 1941
BUREAU V.S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

12799

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent

City or town Chestertown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Martha Redmile Bartley

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband or ~~wife~~: John Bartley

Deceased 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): 9-6-1865

8. AGE: Years 75 Months 3 Days 24 If less than one day ___ hrs. ___ min.

9. Birthplace: Delaware State (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Benjamin Redmile
13. Birthplace: Delaware

MOTHER
14. Maiden name: Unknown
15. Birthplace: —

16. Informant: Barber Bartley-Son

Address: Chestertown, Md

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 12-4-1940 (month) (day) (year)

Cemetery or ~~crematory~~: Chester Cemetery

Location: Chestertown, Md

16. Funeral director: Ralph H Usilton Inc

Address: Chestertown Md

19. Dec. 3, 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1940 19 to Dec 1 1940, and that I last saw her alive on Dec 1 1940.

Immediate cause of death: Carcinoma Stomach, Liver

Due to: Primary carcinoma of stomach. Cyst R.

Due to: Duration: eight months.

Other conditions: Intro Sclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

DURATION: 8 months

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Towers M. D. or other

Address Chestertown Md Date signed 12/1/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (240)

CERTIFICATE OF DEATH

12800

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 202 College ave.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 32 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 202 College ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Geneive Dixon Brown

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife: Roosevelt Jones
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 22, 1908

8. AGE:

Years	Months	Days	If less than one day
32		17	hrs. min.

9. Birthplace: Kent Co. Md.
(Town, county, and state)
10. Usual occupation: House work
11. Industry or business: Home

FATHER
12. Name: Alexander Brown
13. Birthplace: Kent Co. Md.

MOTHER
14. Maiden name: Eliza Boyer
15. Birthplace: Kent Co. Md.

16. Informant: Mrs. Nellie Johnson
Address: 104 Prospect St. Chestertown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/12/40 (month) (day) (year)
Cemetery or crematory: Chestertown
Location: Chestertown
18. Funeral director: Marvin L. Williams
Address: Chestertown Maryland.

19. Dec. 11, 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 9 1940, at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1940, to Dec 9 1940
and that I last saw her alive on Dec 1 1940.

Immediate cause of death: Streptococcus septicemia, acute nephritis — DURATION: 30 months

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Dr. Wm. Richmond M. D. or other
Address: Chestertown Date signed 12/9/40

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-K)

CERTIFICATE OF DEATH

12801

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Rural near Chestertown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Same County Same

City or town Same Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Virginia Byron

3. (b) Social Security Number None

4. Sex: Female | 5. Color or race: White | 6. (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Widowed

6 (b) Name of ~~husband or wife~~: J. Bonnie Byron

6(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) 1-17-1867

8. AGE: Years 73 | Months 11 | Days 4 | If less than one day ——— hrs. ——— min.

9. Birthplace Philadelphia Pa
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Farm home

FATHER 12. Name John Shepherd

FATHER 13. Birthplace Philadelphia, Pa

MOTHER 14. Maiden name Annie Riley

MOTHER 15. Birthplace Philadelphia Pa

16. Informant Mrs Eli Elliott Daughter

Address Chestertown Md

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof Dec 23 1940 (month) (day) (year)

Cemetery or crematory Chester Cemetery

Location Chestertown, Maryland

18. Funeral director Ralph H. Miller Inc

Address Chestertown, Md

19. Dec. 23 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-1 1940, to 12-21 1940, and that I last saw h~~e~~r alive on 12-21 1940.

	DURATION
Immediate cause of death Carcinoma of uterus	2
Due to	1
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T. G. Simpson M. D. or other

Address Chestertown Date signed 12-22-40

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

12802

CERTIFICATE OF DEATH

Reg. Dist. No. 283

1. PLACE OF DEATH:
County: Kent
City or town: Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Hawthorn Rd
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Amelia May Creighton

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem	Wh.	married

6(b) Name of husband or wife: Charles Creighton
6(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Dec 14 1874

8. AGE:

Years	Months	Days	If less than one day
65	11	24	hrs. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business:
FATHER 12. Name: John Henry Oitzel
13. Birthplace: Germany
MOTHER 14. Maiden name: Mary Elizabeth Fear
15. Birthplace: Germany
16. Informant: Husband
Address: Rock Hall, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 10 1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Wesley Chapel
18. Funeral director: Wm. H. Gord
Address: Church Hill Md
19. Dec. 9 1940 (Date rec'd by registrar) Wm. T. B. Dardine Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 8 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1934, to Dec 8 1940, and that I last saw h- alive on Dec 7 1940.

Immediate cause of death: Carcinoma of Breast — DURATION: 6 years
General carcinomatosis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Albert G. Burgard M. D. or other
Address: Rock Hall, Md Date signed: 12/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

12803

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Kent

County

City or town Worton R F D

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Colemans Corner Box 48

Stay in hospital or inst. (yrs., or mos., or days) 0

Stay in this community (yrs., or mos., or days) 0

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Colemans Corner Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Worton R F D Box 48

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Girl Givens

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	Black	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1940

8. AGE:

Years	Months	Days	If less than one day
0			0 hrs. 6 min.

9. Birthplace Worton R.F.D. Kent Co. Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Charles Phillips

13. Birthplace Colemans Corners

MOTHER 14. Maiden name Florence Helen Givens

15. Birthplace Colemans Corners.

16. Informant Florence Givens

Address Worton R F D Box 48.

17. Buried Dec 21-1940

(Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory Colemans

Location Colemans

18. Funeral director Tonya Brooke Sexton

Address Worton Md.

19. Dec 20 1940 J M Edwards

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1940, at 5.9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 20 1940, to Dec 20 1940, and that I last saw h alive on 19

	DURATION
Immediate cause of death Premature 22 wk.	
macerated fetus. (a)	
Due to Stillborn	
Due to Nephritic toxemia	
Other conditions Syphilis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. F. Whitsitt, M.D.

M. D. or other

Address Chestertown, Md. Date signed 12/20/40

RECEIVED
JAN 3 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12804

1. PLACE OF DEATH (92c)

County Kent — Registration Dist. No. 203

Village or City Rock Hall — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Walter Harwood Hadaway — If U. S. Veteran, specify WAR No

(a) Residence: No. Rock Hall St., ____ Ward. Social Security # None

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Virginia Lee Miller

6. DATE OF BIRTH (month, day, and year): March 22 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	79	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farmer

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____ year

12. BIRTHPLACE (city or town) (State or country): Rees Corner Rock Hall, Kent Co. Md

FATHER

13. NAME: James Hadaway

14. BIRTHPLACE (city or town) (State or country): Broad Neck, Kent Co. Md

MOTHER

15. MAIDEN NAME: Caroline Smith

16. BIRTHPLACE (city or town) (State or country): Lehigh Co. Pennsylvania

17. INFORMANT (Address): Walter Hadaway Jr. Rock Hall Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Wesley Chapel Date: Dec 4, 1940

19. UNDERTAKER (Address): Ralph H. Coulton Inc Chestertown Md

20. FILED: Dec 2, 1940 Miss. J. B. Durding, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 1st, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from April, 1940, to Dec 1st, 1940

I last saw him alive on Dec. 1st, 1940; death is said to have occurred on the date stated above, at 9:30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Mitral + Aortic Heart-Lesions	
Other Contributory Causes of importance: Edema Myocarditis	June 1940

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Frank M. Smith M. D.

(Address) Chestertown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
JAN 3 1941
BUREAU V

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12805

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Kent — Registration Dist. No. 204

Village or City Chestertown — No. Kent + Upper Queen Annes Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Martha Hynson

(a) Residence: No. Rock Hall, Md St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) MAY 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	52	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) Chestertown
(State or country) Maryland

FATHER

13. NAME John Comegys

14. BIRTHPLACE (city or town)
(State or country) Kent County, Maryland

MOTHER

15. MAIDEN NAME Elizabeth Ringgold

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Melitota Date Dec 26, 1940

19. UNDERTAKER Asbury Henry
(Address) Chestertown Md

20. FILED Dec 26, 1940 F. H. Sanville
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1940, to Dec 24, 1940

I last saw h.e.r. alive on Dec. 24, 1940; death is said to have occurred on the date stated above, at 8:15 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Appendicitis	12-19-40
Appendicitis ruptured	
Peritonitis, generalized	
Intestinal distention	
Appendical Abscess	

Other **Contributory Causes** of importance:

Name of operation Drainage of appendical Abs Date of 12-23-40

What test confirmed diegnosis? Operation Was there an autopsy? No

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way releted to occupation of deceased? No

If so, specify

(Signed) A. B. Dicky M. D.

(Address) Chestertown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JAN 3 1941
BUREAU V.S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(97)

12806

Reg. Dist. No. 202

1. PLACE OF DEATH:
County Kent
City or town near Chestertown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Chestertown R R
Stay in hospital or inst. (yrs., or mos., or days) 4 weeks Cambridge
Stay in this community (yrs., or mos., or days) 14 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Ann Co
City or town Price Station Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Price - P.O.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Wesley Mason

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Martha E. Seney deceased
6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) December 9, 1863

8. AGE: Years 77 Months 11 Days 25 If less than one day ___ hrs. ___ min.

9. Birthplace Queen Ann Co. Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name John Mason
13. Birthplace Queen Ann Co. Md

MOTHER
14. Maiden name Mary Lynch
15. Birthplace Queen Co. Md

16. Informant Jos. Richard Kimble
Address Chestertown

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 7, 1940 (month) (day) (year)
Cemetery or crematory Church Hill Md
Location Church Hill Md

18. Funeral director Wm H. Good
Address Church Hill Md

19. Dec. 15, 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1940, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 10 1940, to Dec. 3 1940, and that I last saw him alive on Dec. 3. 1940.

Immediate cause of death ~~Paralysis of Insane~~ DURATION 1937
Due to Psychosis, with cerebral arteriosclerosis. (Eastern Shore State Hospital)
Due to Arteriosclerosis C.W.G.R.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE Frank W. Smith M. D. or other
Address Chestertown Date signed Dec. 4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 7 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12807

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (2)

County Kent — Registration Dist. No. 202

Village or City Chestertown — No. Kent and Upper Queen Anne St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daeth occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foraign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Born Lead Moore

(a) Residence: No. ___ St., ___ Ward. Chestertown, Md.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowad, or divorcad
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end yaar) Dec 30, 1940

7. AGE	Yaars	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
				0 / 0

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date dacaased last workad at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chestertown
(State or country) Maryland

FATHER

13. NAME Lloyd Moore

14. BIRTHPLACE (city or town) Queen Annes County
(State or country) Maryland

MOTHER

15. MAIDEN NAME Alice ~~Du~~ Stafford

16. BIRTHPLACE (city or town) Grasonville
(State or country) Md

17. INFORMANT Hospital records and father
(Address) Chestertown, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Church Hill, Md Date Dec 30, 1940

19. UNDERTAKER Lloyd Moore - father
(Address) Chestertown, Md

20. FILED Dec 30, 1940 Alice R Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 30 (Day), 1940 (Yaar)

22. I HEREBY CERTIFY, That I attended deceasad from Dec. 30, 1940, to Dec. 30, 1940

I last saw h.im alive on Dec 30, 1940; death is said to have occurred on tha date stated abova, at 10:45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causas of Importanca were as follows:

	Date of onset
Premature separation of placenta	12-30-40

Other Contributory Causes of Importance:

Name of operetion Cesarian Section Date of 12-30-40

What test confirmed diagnosis? Operation Was thara an autopsy? No

23. If death wes due to extarnal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way ralatad to occupation of deceesed? ___

If so, specify ___

(Signad) A C Dick M. D.

(Address) Chestertown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 7 1941 U.S. RECEIV... JAN 7 1941 BU...

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (Md)

12808

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH:
County: Kent
City or town: Georgetown Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural near Fairlee Md
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 70 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Kent
City or town: Georgetown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mamie Ringold

3. (b) Social Security Number: NONE

4. Sex: F
5. Color or race: C
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John Ringold
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): July 1870
8. AGE: Years 70 Months 5 Days If less than one day ____ hrs. ____ min.
9. Birthplace: Kent County (Town, county, and state)
10. Usual occupation: House work
11. Industry or business
FATHER 12. Name: Unknown
13. Birthplace
MOTHER 14. Maiden name: Hester Robinson
15. Birthplace: Kent
16. Informant: Richard Comegys
Address: Georgetown Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12-13-40 (month) (day) (year)
Cemetery or crematory: Asbury
Location: Georgetown Md
18. Funeral director: Ralph H Usilton Inc.
Address: #15 High St Chestertown
19. Dec. 15, 1940 (Date rec'd by registrar) J. W. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 12. 1940, at 5 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20 1940, to Dec 12 1940, and that I last saw her alive on Dec 6 1940.
Immediate cause of death: Chronic myocarditis
Due to: probably to chronic septicemia + staphylococcus + streptococcus
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION: 1 year 6 mos

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Dr. Wm. Richmond M. D. or other
Address: Chestertown Md Date signed: Dec 13 '40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Asbury Cemetery

JAN 3 1941
BUREAU V. S.

12809

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (17-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Kent

City or town Stillpond
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 0

Stay in this community (yrs., or mos., or days) 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Stillpond Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR 0

3. (a) FULL NAME Daisy Winifred Skeggs

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife John Skeggs

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Sept. 25 1885

8. AGE: Years 55 Months 2 Days 26 If less than one day ___ hrs. ___ min.

9. Birthplace Kent Co. Maryland
(Town, county, and state)

10. Usual occupation House work

11. Industry or business —

FATHER
12. Name George W. Noblett
13. Birthplace Kent Co. Md.

MOTHER
14. Maiden name Anna R. Starke
15. Birthplace Betterton, Kent Co. Md

16. Informant George Skeggs son

Address Chestertown RR Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 23/40. (month) (day) (year)

Cemetery or crematory Stillpond Md

Location Stillpond

18. Funeral director B. R. Fellows

Address Stillpond Md

19. 12/23 1940 (Date rec'd by registrar) J. W. Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1940, at 3 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1937, to Dec 16 1940, and that I last saw her alive on Dec 16 1940.

Immediate cause of death Raynaud's Disease

DURATION

Due to Hemorrhages from Foot — 12 hours

Due to Tuberculosis of Hip and ethenbention to both legs — 1932

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Frank W. Smith M. D. or other

Address Chestertown Date signed 12/21/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECD
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (722)

CERTIFICATE OF DEATH

12810

Reg. Dist. No. 203

1. PLACE OF DEATH:

County Kent

City or town Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Haven

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Haven
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ida Smith

3. (b) Social Security Number

4. Sex: Fem.

5. Color or race: Wh.

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Edwin E. Smith

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov 26 1854

8. AGE: Years: 86 Months: – Days: 19 If less than one day ____ hrs. ____ min.

9. Birthplace: Philadelphia
(Town, county, and state)

10. Usual occupation: –

11. Industry or business

FATHER
12. Name: Edward Pole
13. Birthplace: Philadelphia

MOTHER
14. Maiden name: Sarah Desher
15. Birthplace: Philadelphia

16. Informant: Son Edw. Smith

Address: Rock Hall.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 19. 1940 (month) (day) (year)

Cemetery or crematory: Oakland Cem.

Location: Philadelphia Pa.

18. Funeral director: Wm. H. Good

Address: Church Hill Md.

19. Dec. 16 1940 (Date rec'd by registrar) Mrs. T. B. Durding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1940, at 10 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 30 1940, to Dec 15 1940, and that I last saw her alive on Dec 10 1940.

Immediate cause of death: old age
chronic Endo-Myocarditis
Due to Heart failure

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations –
Of autopsy –

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide – Date of –

Where did injury occur? – (City or town) – (County) – (State)

Injured at home, farm, industry, public place (where?) –

Means of injury – Injured at work?

23. SIGNATURE Albert A. Bussard M. D. ~~or other~~

Address Rock Hall Date signed 12/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T)

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12-a)

CERTIFICATE OF DEATH

12811

Reg. Dist. No. 202

1. PLACE OF DEATH:
County Kent
City or town Chestertown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 120 N. Queen St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 12 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent.
City or town Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 120 N. Queen St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Robert Swan

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife (late) Emma N. Swan

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb. 9 1855

8. AGE: Years 85 | Months 10 | Days 3 | If less than one day ____ hrs. ____ min.

9. Birthplace Richmond New Hampshire
(Town, county, and state)

10. Usual occupation retired Sawyer

11. Industry or business

FATHER
12. Name Ebenezer Swan
13. Birthplace Richmond N. H.

MOTHER
14. Maiden name Hannah Parker
15. Birthplace Richmond N. H.

16. Informant Mrs. Arline S. McVay
Address 120 N. Queen St. Chestertown Md

17. Burial Date thereof Dec. 15, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen Cemetery
Location Winchester N. H.

18. Funeral director Marvin V. Williams
Address Chestertown Md

19. Dec. 14, 1940 Alice E. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1940, at 12:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 22 1940, to Dec 12 1940, and that I last saw him alive on Dec 12 1940.

Immediate cause of death Chronic Nephritis & Interstitial — DURATION one year or more.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. B. Simmons Md
M. D. or other

Address Chestertown, Md Date signed 12-12-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73a)

CERTIFICATE OF DEATH

12812

Reg. Dist. No. 204

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Melitota
City or town Kent Co
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Chestertown R F D # 2
Stay in hospital or inst. (yrs., or mos., or days) none
Stay in this community (yrs., or mos., or days) 53 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Melitota Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Chestertown R R
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry Towson

3. (b) Social Security Number 0

4. Sex: Male
5. Color or race: C
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Vernie Towson
6(c) If alive, give age: 48 years
7. Birth date of deceased (mo., day, yr.): ~~1887~~ Feb. 2 - 1887
8. AGE: Years ~~##~~ Months Feb 10 Days 2 5 If less than one day ____ hrs. ____ min.
9. Birthplace: Melitota Kent Co Md (Town, county, and state)
10. Usual occupation: Farm Labor
11. Industry or business: none

FATHER
12. Name: Robert Towson Jr
13. Birthplace: Kent Co Md

MOTHER
14. Maiden name: Rosie anderson
15. Birthplace: Kent Co Md

16. Informant: Vernie Towson
Address: Chestertown R F D 2
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 9 40 (month) (day) (year)
Cemetery or crematory: Melitota
Location: Melitota - Chestertown R F D
18. Funeral director: Asbury Henry
Address: Chestertown
19. Dec 9 1940 (Date rec'd by registrar) W Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1940, at 2C M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 7 1940, to Dec 7 1940, and that I last saw h--- alive on Dec. 1 1940.

Immediate cause of death: Subacute Myocarditis — DURATION 2 months
Due to: nutritional defect
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Dr. Wm. Richmond M. D. or other
Address Chestertown Md Date signed 12/8/40

RECEIVED
JAN 3 1941
BUREAU V. S.

12813

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (122-a)

County Kent Registration Dist. No. 202

Village or City Chestertown No. Kent and Upper Queen Anne St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herbert Watson If U.S. Veteran specify WAR

(a) Residence: No. Rock Hall, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Lee Watson

6. DATE OF BIRTH (month, day, and year) Oct 24, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Waterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Rock Hall (State or country) Maryland

FATHER

13. NAME William Watson

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Laura Hicken

16. BIRTHPLACE (city or town) (State or country) Kent County, Maryland

17. INFORMANT Anna L. Hermefield (Address) R. Hall

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Westley Chapel Cem. Date Jan 2, 1941

19. UNDERTAKER Wm. H. Good (Address) Church Hill Md.

20. FILED Dec. 30, 1940 Alice R. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 30 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1940, to Dec 30, 1940

I last saw him alive on Dec. 30, 1940; death is said to have occurred on the date stated above, at 12 45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Intestinal destruction	12-26-40
Strangulated hernia (Littlewood)	12-26-40
Arteriosclerosis	?
Pulmonary embolism ?	12-30-40

Other Contributory Causes of importance:

Name of operation Herniotomy Date of 12-29-40

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Possibly

If so, specify Heavy work may have caused the strangulation

(Signed) A. C. Tick M. D.

(Address) Chestertown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

JAN 7 1941
BUREAU V.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN